

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH PROGRAM SUPPORT BUREAU WORKFORCE EDUCATION AND TRAINING (WET) DIVISION

EXAMINATION FOR PROFESSIONAL PRACTICE IN PSYCHOLOGY (EPPP)

The WET Division announces a limited number of slots available, at a discounted rate, for the MHSA WET- funded Licensure Preparation Program (LPP), to qualified public mental health staff (DMH-operated and DMH-contracted programs).

Through the Association for Advanced Training in the Behavioral Sciences (AATBS), the following study package is now available:

AATBS EPPP GOLD Package Includes:

- Six Comprehensive Study Volumes
- TestMASTER 8 full length online practice exams with 8 months access time
- Final Exam An additional exam to be taken at the end of program
- TestPRO online quiz program with over 1000 additional questions
- Content Summary CD Library 10 CDs highlighting key concepts
- Strategies Package Test-taking strategies guide + 3 exam readiness CDs
- Color-Coded Flashcards Over 600 cards with key terms and concepts
- Expert Phone Consultation one on one assistance available with exam experts
- Live 4-Day Workshop 32 hours of instruction covering exam content and strategies

Retail Value: \$1,659 MHSA-WET EPPP participant price: \$100

Visit www.aatbs.com for more details about the package.

EPPP Workshop will be held at Sheraton Gateway LAX on:

Thursday, May 31st – Sunday, June 3rd, 2012 (8am – 5pm PT)

Sheraton Gateway LAX- 6101 West Century Boulevard, Los Angeles, CA 90045

**** Limited space available. Complete your application by March 30th 2012 ****

*Mandatory attendance to the Live 4-Day Workshop is required for all MHSA-WET EPPP participants.

Take advantage of this opportunity today!

Eligibility:

- Must be in good standing with current employer; no disciplinary action within the last year
- Approved by the licensing board to take the licensure examination
- Completed the required supervision hours
- Currently providing a minimum of 65% of their time in direct clinical services in public mental health

Priority will be given to clinicians who meet at least one of the following criteria:

- If applicable, licensure waivered status with employer to expire within 12 months.
- Previous attempt(s) at passing the EPPP

INSTRUCTIONS:

- 1. Please scroll down for the application form. Application form must be completed and faxed to Anna Perne, LCSW at (213) 252-8775 or (213) 252-8776 by March 30th 2012.
- 2. Once approved an email confirmation will be sent to participants.
- 3. Participants will be given a phone number to register and pay the non-refundable fee of \$100 by Visa, Amex or MasterCard to AATBS.
- 4. AATBS will register the participants for the requested workshop and the study package will be mailed to the address provided on the application when payment is received.

CONTACT: Anna Perne, LCSW, E-mail:aperne@dmh.lacounty.gov



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EXAMINATION FOR PROFESSIONAL PRACTICE IN PSYCHOLOGY (EPPP)

Print Only	
TITLE: LPP: EXAMINATION FOR PROFES	SIONAL PRACTICE IN PSYCHOLOGY DATE(S):
FIRST NAME:	LAST NAME:
JOB TITLE:	DISCIPLINE: ETHNICITY: (optional)
AGENCY:	PROGRAM:
MAILING ADDRESS FOR STUDY PACKAGE	
CITY:	STATE: ZIP
PHONE#:	E-MAIL: (required for information)
LANGUAGE(S) FLUENCY, OTHER THAN	ENGLISH:
Service area of employment, please cir	cle 1 2 3 4 5 6 7 8
Have you taken the EPPP previously?	please circle yes no
If applicable, expiration date of licensur	e waivered status with employer:
Name of Applicant (Print) clinic his/h appli	rently in a job position providing a minimum of 65% of his/her time in direct al services in public mental health and is currently in good standing with er employer with no disciplinary action within the last 12 months. The cant also successfully completed the required supervision hours and is eved by the licensure board to take the EPPP.
Name of Applicant (Print) Completes the licensure preparathe offerings of the program. Provides Workforce Education relating to employment and pror	es to follow the following terms and conditions: Ition program by attending the mandatory workshops and participates in all and Training (WET) Division examination results and any other information anotional status. workshops are to be taken on his/her own time.
	ticipant must register and pay the non-refundable discounted fee of \$100 by VISA oct name and number for registration will be given for those individuals who are
Deturn Application to	Signature of Applicant Date
Return Application to: Anna Perne, LCSW WET Training Coordinator Fax: (213) 252-8775 OR (213) 252-8776 E-mail: aperne@dmh.lacounty.gov Phone: (213) 251-6422	Signature of Supervisor Date
	Name of Supervisor / Phone Number
	Email Address of Supervisor